

**WHAT RESULT DO WE WANT?**

All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.

**WHY IS THIS IMPORTANT?**

HIV can cause lifelong physical and psychological consequences. When left untreated, HIV can also be transmitted to sexual partners and unborn children.

**HNC 2030 HEADLINE INDICATOR:**

Number of new HIV diagnoses  
per 100,000 population

**WHAT DOES THIS INDICATOR MEASURE?**

The indicator measures new HIV infections.

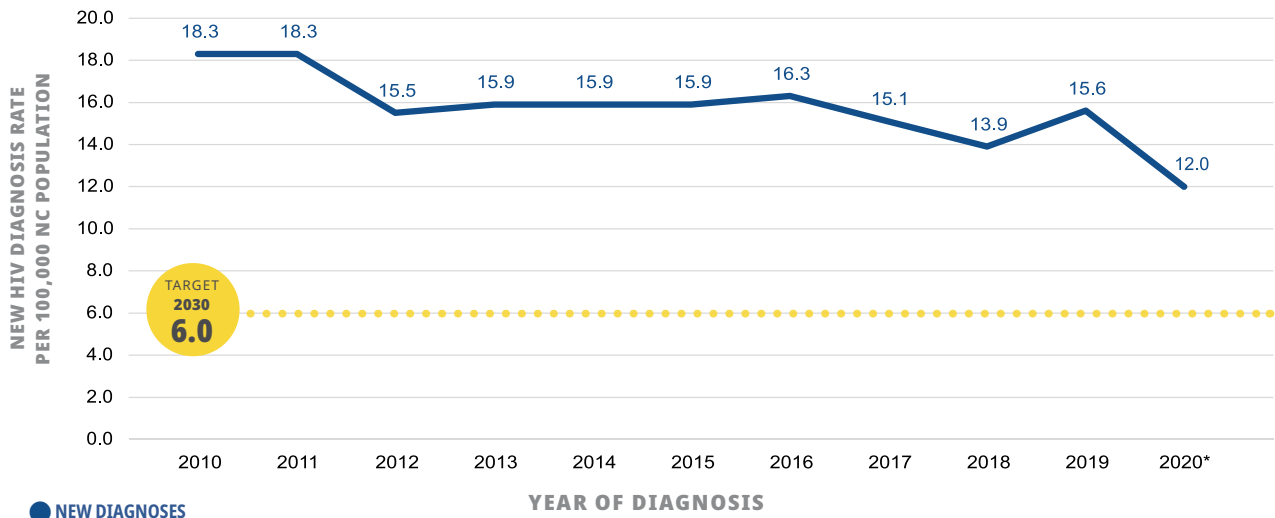
Data are obtained from case investigations at the county level and reported electronically to the NC Electronic Disease Surveillance System (NCEDSS). Cases include physician and laboratory reports of infection. Case investigation data for this disease are legally reportable in the United States and in North Carolina.

**BASELINE DATA FROM HNC 2030****HOW ARE WE DOING?**

- The estimated rate of HIV infection rates among newly diagnosed adults and adolescents is highest among Black/ African Americans, 13 to 30 years old, and to those who identify as gay, bisexual men, or as men having sex with other men.
- 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.
- Because the total number of transgender people living in North Carolina is not known, rates for HIV diagnosis in transgendered individuals cannot be calculated.
- People with lower income, who lack access to quality and culturally competent health care, sex workers, and incarcerated individuals have higher rates of diagnosis and lack resources for prevention and treatment of HIV.<sup>1</sup>

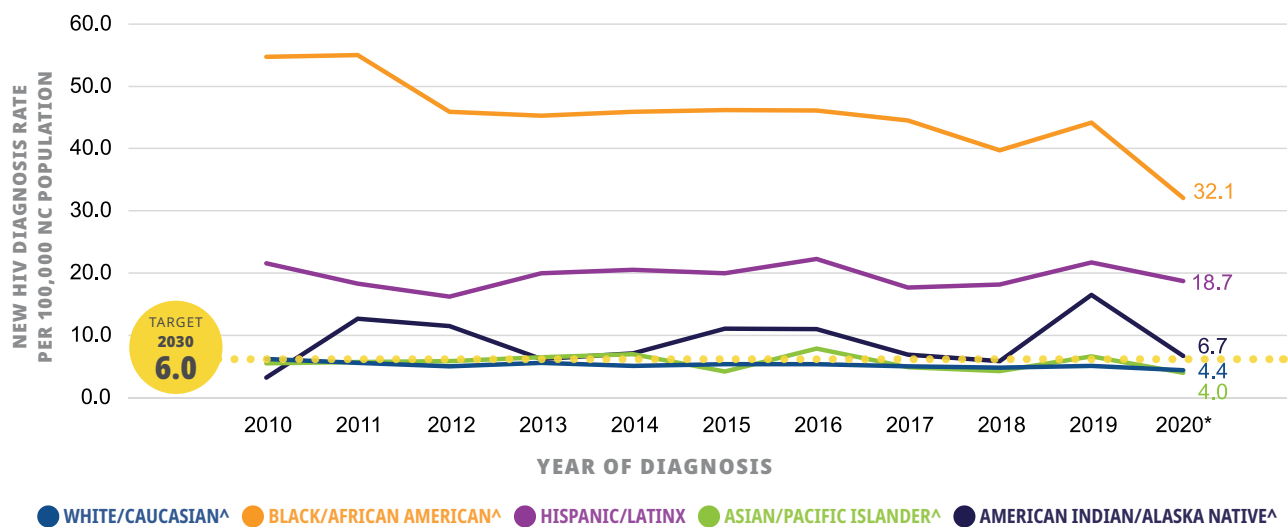
## CURRENT DATA TRENDED OVER TIME

Figure 56. North Carolina newly diagnosed HIV rates (2010 - 2020\*)



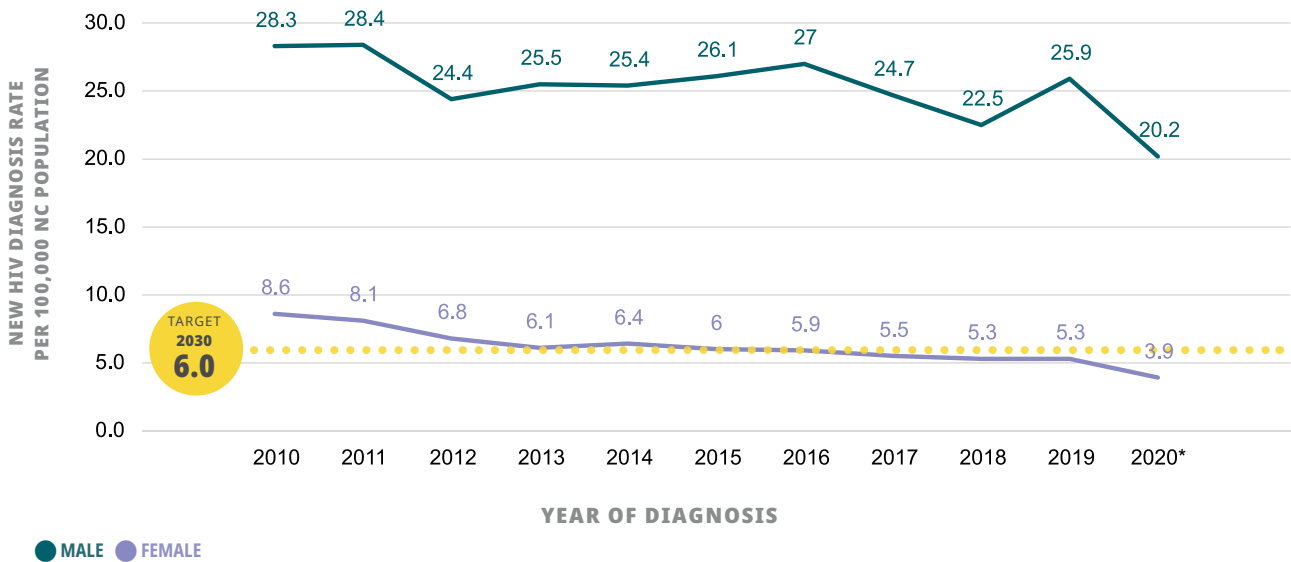
\*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Because the total number of transgender people living in North Carolina is not known, rates for HIV diagnosis in transgendered cannot be calculated. However, numbers of transgender people living with HIV in North Carolina are available in our annual report: <https://epi.dph.ncdhs.gov/cd/stds/annualrpts.html>  
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Figure 57. North Carolina newly diagnosed HIV by race/ethnicity (2010 - 2020\*)



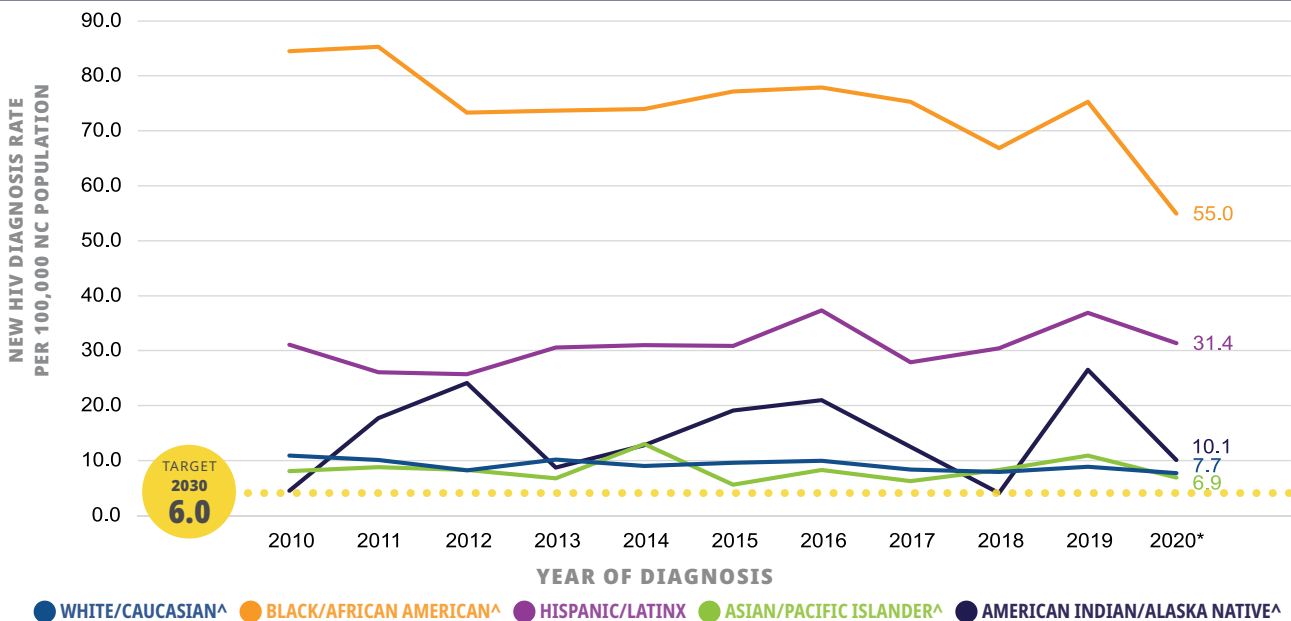
\*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. <sup>^</sup>Non-Hispanic/LatinX. Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Figure 58. North Carolina newly diagnosed HIV By gender (2010 - 2020\*)



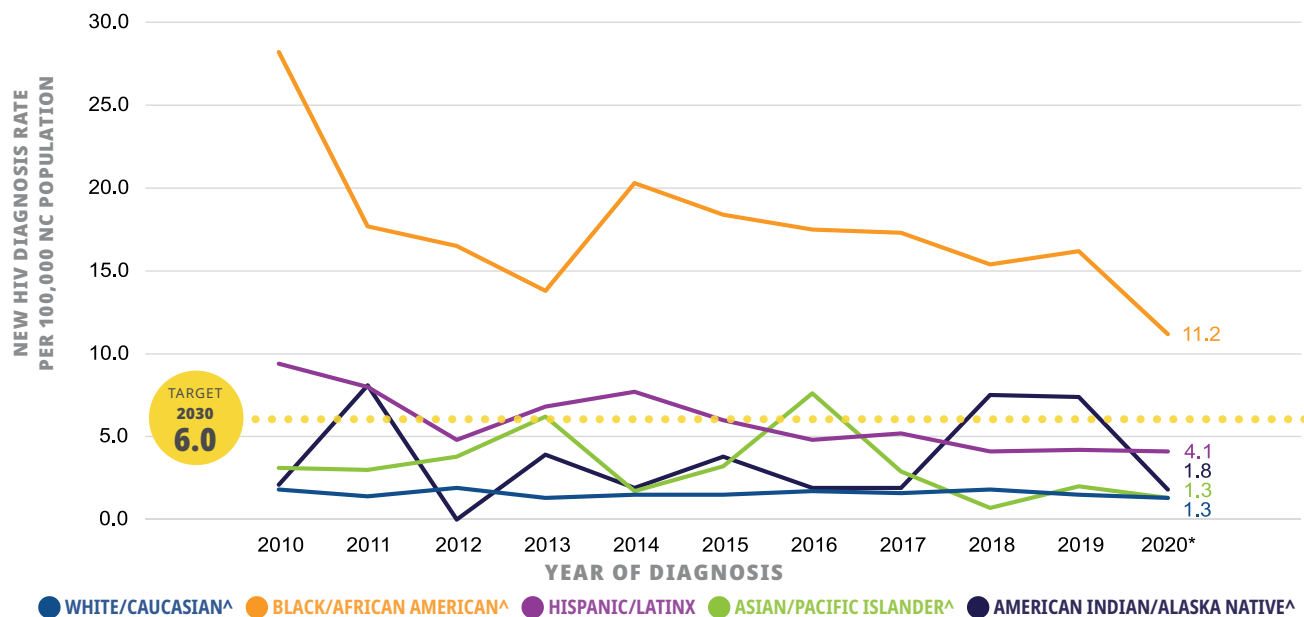
\*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Because the total number of transgender people living in North Carolina is not known, rates for HIV diagnosis in transgendered cannot be calculated. However, numbers of transgender people living with HIV in North Carolina are available in our annual report: <https://epi.dph.ncdhs.gov/cd/stds/annualrpts.html>  
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Figure 59. North Carolina newly diagnosed HIV among men (2010 - 2020\*)



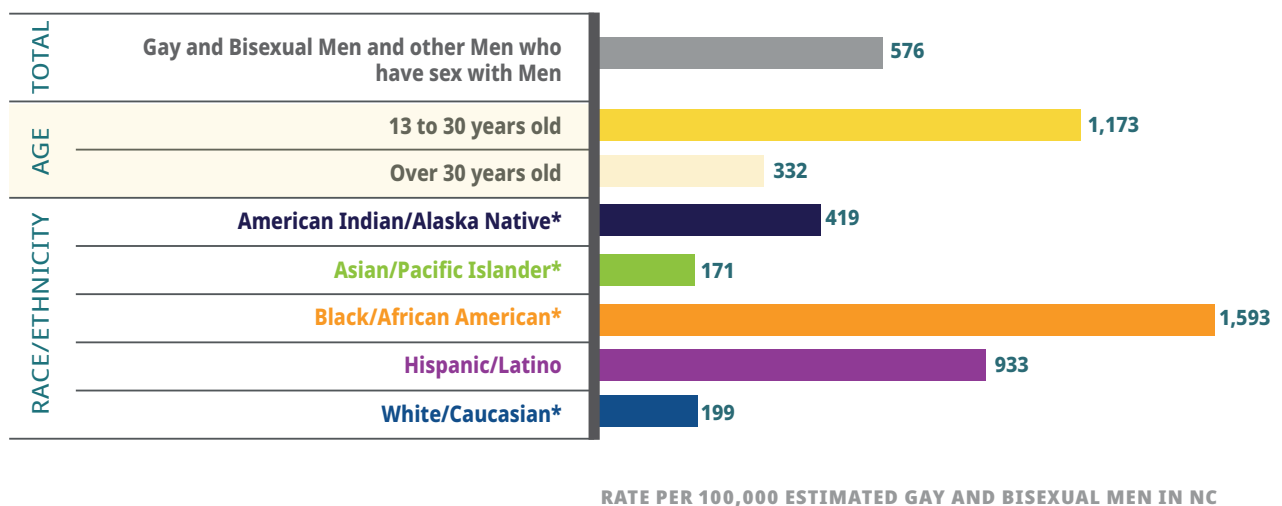
\*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Because the total number of transgender people living in North Carolina is not known, rates for HIV diagnosis in transgendered cannot be calculated. However, numbers of transgender people living with HIV in North Carolina are available in our annual report: <https://epi.dph.ncdhs.gov/cd/stds/annualrpts.html>  
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

**Figure 60. North Carolina newly diagnosed HIV among women (2010 - 2020\*)**



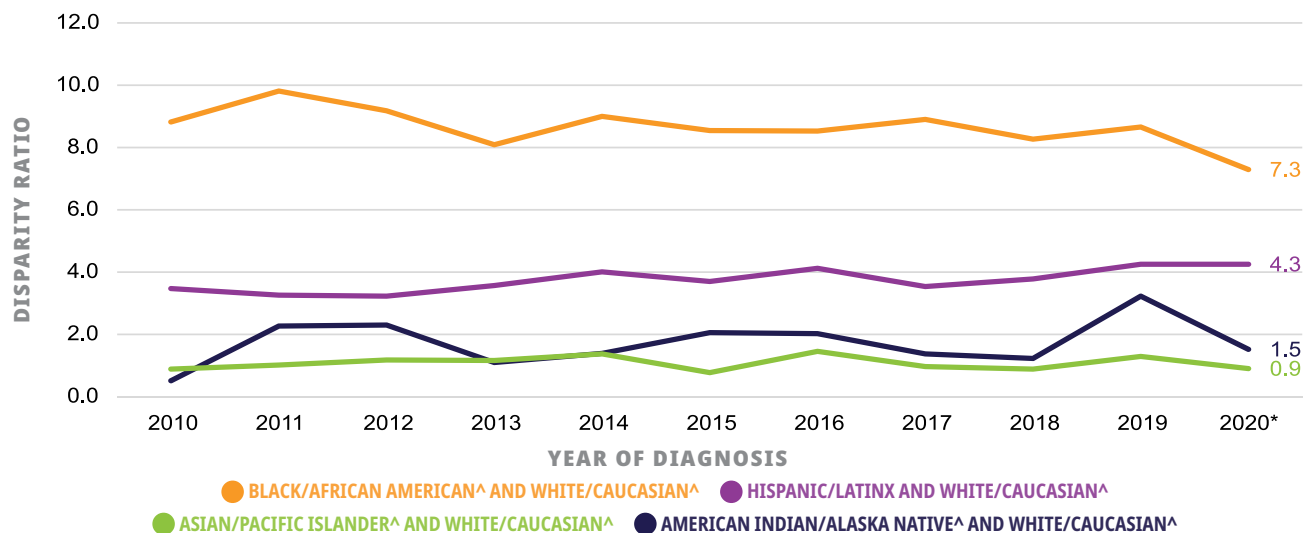
\*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Because the total number of transgender people living in North Carolina is not known, rates for HIV diagnosis in transgendered cannot be calculated. However, numbers of transgender people living with HIV in North Carolina are available in our annual report: <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html>  
 Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

**Figure 61. Estimated HIV infection rates among newly diagnosed adult and adolescents (13 years and older) gay and bisexual men and other men who have sex with other men^ in North Carolina (2020)**



Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic. Data is italicized for this reason. ^Unknown risk has been redistributed. People who were classified as MSM and IDU were excluded. ^^Grey et al (2016). JMIIR Public Health Surveill; 2(1): e14. <https://publichealth.jmir.org/2016/1/e14/> \*Non-Hispanic/LatinX. Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021)

Figure 62. North Carolina disparities in new HIV diagnoses among race/ethnicities (2010 - 2020\*)



## THE STORY BEHIND THE CURVE

Thousands of people in the United States are diagnosed with HIV every year. Many people have HIV for years before they know it. Testing everyone ages 13 to 64 years for HIV at least once in their lifetime — and testing people at high risk for HIV at least once a year — can lead to early diagnosis and treatment.<sup>2</sup>

People must feel safe when seeking health care. This means acknowledging the person respectfully – especially for transgender individuals. Good quality sexual health education across the lifespan helps to normalize and integrate sexual health as a standard component of overall health awareness. Clinical staff must receive training specific to clinical care for transgender people.

Non-traditional testing and notification systems are needed. These could include multiple ways for people to notify other people of exposure, such as a website for anonymous contact notification. Home based STI testing and virtual clinical visits could improve early detection.

## WHAT OTHER DATA DO WE NEED?

- Time to treatment from initial diagnosis – consider a metric for multiple sexually transmitted infections (STIs)
- Incidence of gonorrhea and chlamydia because of its higher prevalence
- Availability of PrEP (pre-exposure prophylaxis) within community
- Map coverage of social media platforms used by the at-risk community
- Distribution of screening and testing opportunities to evaluate equitable access to care
- Community awareness of sexual health

## WHAT COULD WORK TO TURN THE CURVE?

- Address systemic issues of provider discomfort with discussions about sexual health, including HIV by providing continuing professional development through NC AHEC and expansion of medical school curriculum
- Allow pharmacists to dispense post-exposure prophylaxis regimens
- Expand affordable housing programs and increase number of harm-reduction programs, including needle exchange programs
- Expand Medicaid eligibility for HIV-related healthcare
- Expand North Carolina's provider network for HIV care
- Implement High Impact Prevention (HIP) through coordinated interventions focused on increasing the number of people who are aware of their HIV status and increase access to prevention and treatment
- Increase access (PrEP) for individuals at high risk for HIV transmission
- Increase education and healthcare access for formerly incarcerated populations
- Increase same day access to a full array of contraceptive options in health care setting

## RECOMMENDED READING/LISTENING

Ending the HIV Epidemic in the U.S. <https://www.cdc.gov/endhiv/index.html>

## NC PARTNERS WHO CAN HELP US

PARTNER/POTENTIAL PARTNER	WEBSITE LINK
<b>Carolinas CARE Partnership</b>	<a href="https://www.carolinascare.org/">https://www.carolinascare.org/</a>
<b>Duke PrEP Clinic For HIV Prevention</b>	<a href="https://www.dukehealth.org/locations/duke-prep-clinic-hiv-prevention">https://www.dukehealth.org/locations/duke-prep-clinic-hiv-prevention</a>
<b>Durham County Department of Public Health - Formerly Incarcerated Transitions (FIT) Program</b>	<a href="https://www.dcopublichealth.org/services/std-hiv-testing">https://www.dcopublichealth.org/services/std-hiv-testing</a>
<b>Equality North Carolina</b>	<a href="https://equalitync.org/issues/hiv_aids_work/">https://equalitync.org/issues/hiv_aids_work/</a>
<b>Getting To Zero Mecklenburg</b>	<a href="https://www.mecknc.gov/HealthDepartment/GettingToZero/Pages/Home.aspx">https://www.mecknc.gov/HealthDepartment/GettingToZero/Pages/Home.aspx</a>
<b>NC Council of Churches- Growing Communities of Inclusion: A Faithful Response to HIV/AIDS</b>	<a href="https://www.ncchurches.org/growing-communities-of-inclusion-a-faithful-response-to-hiv/">https://www.ncchurches.org/growing-communities-of-inclusion-a-faithful-response-to-hiv/</a>
<b>NC DHHS HIV Care Program</b>	<a href="https://epi.dph.ncdhhs.gov/cd/hiv/program.html">https://epi.dph.ncdhhs.gov/cd/hiv/program.html</a>
<b>NC DHHS Medicaid Be Smart Family Planning Program</b>	<a href="https://ncgov.servicenowservices.com/sp_beneficiary?id=kb_article&amp;sys_id=389050c51b5424906aacdb1ee54bcb8&amp;table=kb_knowledge">https://ncgov.servicenowservices.com/sp_beneficiary?id=kb_article&amp;sys_id=389050c51b5424906aacdb1ee54bcb8&amp;table=kb_knowledge</a>
<b>NC DHHS NC HIV/AIDS Prevention and Care Advisory Committee (HPCAC)</b>	<a href="https://epi.dph.ncdhhs.gov/cd/stds/programs/hpcac.html">https://epi.dph.ncdhhs.gov/cd/stds/programs/hpcac.html</a>
<b>NC DHHS North Carolina Injury &amp; Violence Prevention Branch- North Carolina Safer Syringe Initiative</b>	<a href="https://www.injuryfreenc.ncdhhs.gov/">https://www.injuryfreenc.ncdhhs.gov/</a>
<b>North Carolina AIDS Action Network (NCAAN)</b>	<a href="http://www.ncaan.org/">http://www.ncaan.org/</a>
<b>North Carolina Area Health Education Centers (NC AHEC)</b>	<a href="https://www.ncahec.net/healthy-north-carolina-2030/">https://www.ncahec.net/healthy-north-carolina-2030/</a>
<b>North Carolina Association of Pharmacists (NCAP)</b>	<a href="https://www.ncpharmacists.org/">https://www.ncpharmacists.org/</a>
<b>NC Board of Pharmacy</b>	<a href="http://www.ncbop.org/">http://www.ncbop.org/</a>
<b>North Carolina Community Health Center Association (NCCHCA)</b>	<a href="https://www.ncchca.org/">https://www.ncchca.org/</a>
<b>North Carolina Harm Reduction Coalition (NCHRC) - Syringe Exchange Program</b>	<a href="https://www.nchrc.org/about/">https://www.nchrc.org/about/</a>
<b>NC Institute of Medicine (NCIOM)</b>	<a href="https://nciom.org/">https://nciom.org/</a>
<b>North Carolina Sheriff's Association (NCSA)</b>	<a href="https://ncsheriffs.org/">https://ncsheriffs.org/</a>
<b>Regional AIDS Interfaith Network (RAIN)</b>	<a href="http://RAIN(carolinarain.org)">RAIN (carolinarain.org)</a>
<b>Society for Public Health Education (SOPHE)</b>	<a href="https://www.sophe.org/">https://www.sophe.org/</a>
<b>Southeast STD/HIV Prevention and Training Center</b>	<a href="https://nnptc.org/locations/southeast-stdhiv-prevention-training-center">https://nnptc.org/locations/southeast-stdhiv-prevention-training-center</a>
<b>The North Carolina Barbers Association</b>	<a href="https://www.ncbarbae.com/home">https://www.ncbarbae.com/home</a>
<b>The Task Force For Global Health - Coalition for Global Hepatitis Elimination</b>	<a href="https://taskforce.org/viral-hepatitis/">https://taskforce.org/viral-hepatitis/</a>
<b>UNC Center for Health Equity Research (CHER) - TRANSforming the Carolinas Project</b>	<a href="https://www.med.unc.edu/cher/">https://www.med.unc.edu/cher/</a>